

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 128  
Registered No. 831

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Masedonia Ramos (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth September 10 1926  
Month Day Year

8. FATHER  
Full name Santiago Ramos  
9. Residence (Usual place of abode) Grover Canyon  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Colatlan Jalisco  
(State or country) Mexico

13. Occupation  
Nature of Industry Laborer

14. MOTHER  
Full maiden name Tomasa Hatos  
15. Residence (Usual place of abode) Grover Canyon  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 41 (Years)

18. Birthplace (city or place) Colatlan Jalisco  
(State or country) Mexico

19. Occupation  
Nature of Industry Domestic

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes  
(a) Born alive and now living 9  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Guerra Martinez  
Blay Pool Francisco  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address \_\_\_\_\_  
Filed Sept 15 1926 L. E. Doris  
Registrar

492-912-372

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.